Overview of the Marin Long Term Care Integration Plan

Phase 1: Initial Development	• Operating agency: Marin County Department of Health and Human Services (DHHS) through Division of Aging will administer • Governance: Marin DHHS; BOS will commit the DHHS to carrying out the tasks outlined in the SOW the project	7/2001 through 6/2002
Phase 1: Steps for Development of Service Delivery System	• Assemble provider network including medical, hospital, SNF, ancillary, home and community based; each will be represented in the Provider Advisory Group • Begin development of policies and procedures for the Member Service Unit function for central intake, enrollment, and referral • Expansion of DHHS Aging and Adult Information Service help line • Design the Case Management Unit and its protocols and procedures • Development of the consumer education plan based on broad community outreach • Secure appropriate waiver(s) • Detailed financial analyses and feasibility study • Best practices for quality assurance, utilization review, and enrollment and case manager selection • Identification of available information systems	
	Concentration on establishing the structures, relationships, and administrative procedures that will form the foundation for a service delivery system in Phase 2. Medi-Cal service delivery in the county will continue as it is currently operating throughout the grant period. Major activities to be carried out are preparatory: development of the central intake and referral system that will be transformed into Member Services when enrollment begins; establishment of the network of primary care providers and basic HCBS organizations; development of case management protocols; identification of the MIS software that will support the case management and LTCI services.	

Overview of the Marin Long Term Care Integration Plan – *Continued*

Phase 2: Interim Integration	• Fee-for-Service Managed Care Network (MCN) - Implementation of LTCI fee-for-service managed care transition model with a provider network, mandatory central intake, screening and assessment for case management, choice of primary care provider • Governance: same as Phase 1. The Office of LTCI will administer the program coordination with all of the DHHS divisions and relevant offices • Target population: Mandatory enrollment of Medi-Cal-no Medicare only eligibles, 18 and over, in the ABD categories, except the developmentally disabled (DD) sub-category • Scope of services: primary care, acute and specialty care, in-home support, hospice, SNF, adult day, case management • Coordination of Older American Act services, IHSS and MSSP services with Medi-Cal package through case management by the local administrative entity	7/2002 through 6/2004
	Transition to FFS managed care network. All Medi-Cal services will be paid for by DHS's Fiscal Intermediary, EDS, using the Medi-Cal fee schedule, with the exception of case management which will be paid to the County. Services covered by the Older Americans Act, e.g., home delivered meals, home care/respite care, will continue for both Medi-Cal and non-Medi-Cal clients. The MCN County provides case management and receives a case management fee for every enrolled member.	
Phase 3: Capitated Integration	• Affiliation with Marin Partnership HealthPlan of California (PHPC), the neighboring County Organized Health System (COHS) • Governance: shift from BOS to the governing body of the PHPC • Operating Agency: PHPC will take over administration of the project • Target population: When Medicare waiver is in place, enrollment for dual eligibles will be mandatory; DD population will be added when feasible	7/2004 through 12/2005
	Transition to COHS. The capitation rate for managed care will cover all Medi-Cal services covered by a COHS, including the Medi-Cal long term care. Additional services to be added as deemed appropriate are: expanded home care/emergency home care/respite, transportation, home modification, ancillary care, housing and residential services.	

Definitions

Fee for Service	Traditional method of paying for health care services in which health care providers are reimbursed for each individual service rendered, such as office visits and medical procedures.
Fee for Service Managed Care	The county provides primary and specialty services to enrolled Medi-Cal beneficiaries directly and through community providers. The care provider acts as a gatekeeper for specialty services. Providers are paid on a fee-for-service basis.
County Organized Health System (COHS)	A public agency acts as a prepaid plan, serving all Medi-Cal beneficiaries in a county. Enrollment in the plan is mandatory for the Medi-Cal population and occurs concurrently with enrollment in the Medi-Cal program. Counties negotiate their contract with the California Medical Assistance Commission (CMAC) and are paid a capitated rate. The County BOS creates the agency and appoints its members. The agency is responsible for contracting with the health care providers necessary to assure access to the Medi-Cal scope of benefits. (Currently - Monterey, Napa, Orange, Santa Barbara, San Mateo, Solano, Santa Cruz, Yolo)